	101										
Application or Docket Number											
IALL E PE [NTITY	OR	OTHER THAN SMALL ENTITY								
RATE	FEE		RATE	FEE							
SIC FEE	385.00	OR	BASIC FEE	770.00							
X\$ 9=		OR	X\$18=	34							
X43=		OR	X86=								
-145=		OR	+290=								
OTAL		OR	TOTAL								
OTHER THAN MALL ENTITY OR SMALL ENTITY											
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
(\$ 9=		OR	X\$18=								
X43=		OR	X86=								
145=		OR	+290=								
TOTAL OR TOTAL OIT, FEE ADDIT, FEE											
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
(\$ 9 =		OR	X\$18=								
K43 =		OR	X86=								
145=		OR	+290=								
TOTAL DIT. FEE		OR TOTAL ADDIT. FEE									
<u>;</u>											
RATE .	ADDI- TIONAL		RATE	ADDI- TIONAL							

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						MALL EN	NTITY	OR	OTHER SMALL			
TOTAL CLAIMS		Vj				Γ	RATE	FEE] [RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS		₩ minus 20=		* 2			X\$ 9=		OR	X\$18=	34	
INDEPENDENT CLAIMS			3 minus 3 =		*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESE			RESENT				+145=		OR	+290=		
* If the difference in column 1 is less than zero, ent				ero, enter	"0" in c	olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PAR (Column 1) (Colu				- PAR' (Colur		(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CLAINA	=		X43=		OR	X86=	
L_	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDENT	CLAIM	ا الله		+145=		OR	+290=	
							⊢	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	01.014	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						, L	+145=		OR	+290=		
							L	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)							_		· · · · · · · · · · · · · · · · · · ·			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA	1	RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	;	X\$ 9=	٠.	OR	X\$18=	
	Independent	*	Minus	***	CLAINA	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-145=	• •	OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								; TOTAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												